



Public Works & Utilities

Environmental Health Division

1900 E. Ninth St. N. Wichita, KS 67214

PHONE: (316) 268-8351 FAX: (316) 268-8390

Additional Fax Numbers: (316) 858-7787 or (316) 858-7786

REQUEST FOR TITLE TRANSFER INSPECTION

Note: A "Title Transfer Inspection" by this department is required before the transfer of ownership of any property within the City of Wichita that has any type of existing water well, regardless of whether a loan is actually involved or not. **Requests must be submitted on this form and cannot be processed until all necessary information is completely provided.** The fee for a Title Transfer is **\$125.00**. Water testing and multiple rechecks are additional (one recheck is provided at no cost, if required). **An inspection may be provided within 5 business days of request for an additional fee of \$100.00 the seller will be billed for the inspection fees unless the requesting party stipulates otherwise.**

STREET ADDRESS OF PROPERTY: _____

WICHITA _____ COUNTY _____ OTHER CITY _____ SALE _____ REFINANCE _____

PROPERTY TAX KEY NUMBER _____

DOES A PRIVATE SEWAGE SYSTEM SERVE THE PROPERTY?

NO _____ YES _____ SEPTIC SYSTEM _____ OR WASTE STABILIZATION POND/LAGOON _____

IS THE PROPERTY SERVED BY A PUBLIC WATER SUPPLY?

NO _____ YES _____ CITY _____ OR RURAL WATER DISTRICT # _____

HOW MANY WATER WELLS ARE ON THE PROPERTY?

NONE _____ PERSONAL USE _____ IRRIGATION _____ OTHER _____

LOCATION OF WELL(S): _____ **CLOSING DATE, IF KNOWN:** _____

CONTACT PERSON: Will be called to meet inspector at property and provide entry to home. Must know location of all wells and sewage system. This is the only person who will be called with verbal results.

NAME: _____ **BILL TO ADDRESS:** _____

CITY: _____ **ST:** _____ **ZIP:** _____ **PHONE:** _____

Seller: Name: _____ **Buyer: Name:** _____

Street: _____ Street: _____

City: _____ St: _____ Zip: _____ City: _____ St: _____ Zip: _____

Lender: Name: _____ **Realtor: Name:** _____

Street: _____ Street: _____

City: _____ St: _____ Zip: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

DEPARTMENT USE ONLY

RECEIVED DATE: _____ TIME: _____

BILL TO INVOICE #: _____ AMOUNT: _____

REPORTS MAILED: YES _____ NO _____ FAXED: YES _____ NO _____